Office Use Only File #

State of Michigan
Department of Community Health
Emergency Medical Services & Trauma Systems Section
201 Townsend Street
Lansing, Michigan 48913
www.michigan.gov/ems

ALLEGATION/COMPLAINT FORM

Authority: P.A. 368 of 1978, as amended (Completion: Voluntary)

I wish to file a complaint against the individual/entity named below. I understand that the EMS & Trauma Systems Section does not assist citizens seeking return of their money or other personal remedies. I am, however, submitting this information so that it may be determined if licensing action should be considered.

Instructions: Print legibly or type information. Complete all sections of this form and sign at the bottom. Submit this original form to the address listed above and retain a copy for your records.

Complaint Filed By						Complaint Filed Again	st			
Your Name						Name				
Street Address						Street Address				
City					City					
State	Zip Code	County	/			State	Zip Code		County	
Patient Name			Date of Birth			Date of Incident		Time of Incident		
Telephone Number Home: () Work: ()						Telephone Number				
	☐ EMS Personnel☐ Life Support Agen☐ EMS Instructor-Co	cy/Ambul	lance Operation	n		☐ EMS Educatio ☐ Medical Contr				
Is there court action pending? ☐ Yes ☐ No Your Attorney's Name				May we to the inc	ve release your name and this information individual/ entity described above? es No			Will you testify at an Administrative Hearing, if necessary? □ Yes □ No		
Description of Complai	nt (Please describe the	incident,	circumstances	, conduct	an	d/or behavior that you b	elieve may be	a violat	ion) Attach additional sheets,	
if needed. Retain a co	ppy of all corresponde	nce for y	our records.							
Signature								Date		

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.